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Click here for the Chief Executive Officer's report dated May 19, 2010 on Fiscal Year 2010-11 Proposed Budget Impact on Nature and Cultural Centers

Click here for the Chief Executive Officer's report dated May 19, 2010 on Fiscal Year 2010-11 Proposed Budget Impact on the Dept. of Public Works' Graffiti Abatement Program

Click here for the Chief Executive Officer's report dated May 19, 2010 on Fiscal Year 2010-11 Proposed Budget Impact on the Dept. of Public Works' Property Rehabilitation and Nuisance Abatement Program

Click here for the Chief Executive Officer's report dated May 24, 2010 on The Impact of Consolidating the Antelope Valley Rehabilitation Centers

Click here for the Chief Executive Officer's report dated May 19, 2010 on the Department of Public Health's Programmatic/Service Curtailments and Health Regionalization Plan

Click here for the Chief Executive Officer's report dated June 7, 2010 on the Impact of Delaying The Opening Of Olive View/UCLA Medical Center Tuberculosis Unit.

Click here for the Chief Executive Officer's report dated May 30, 2012 on the Consolidation of the Antelope Valley Rehabilitation Centers

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

May 19, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

FISCAL YEAR 2010-11 PROPOSED BUDGET IMPACT ON NATURE AND CULTURE CENTERS

On April 20, 2010, your Board instructed the Chief Executive Office to report back during Budget Deliberations on the impact that cuts to the Department of Parks and Recreation could have on the hours of various Nature and Cultural Centers. The Department of Parks and Recreation's Fiscal Year 2010-11 Proposed Budget does not include any reductions to Nature and Cultural Centers.

If you have any questions or require additional information, please contact me or your staff may contact Rochelle Goff at (213) 893-1217, or via email at rgoff@ceo.lacounty.gov.

WTF:LS:RG
AB:kd

c: Executive Office, Board of Supervisors
County Counsel
Parks and Recreation

K:\CMS\CHRON\2010(WORD)Nature and Culture Centers

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
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May 19, 2010

To: Supervisor Gloria Molina, Chair
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From: William T Fujioka
Chief Executive Officer

FISCAL YEAR 2010-11 PROPOSED BUDGET IMPACT ON THE DEPARTMENT OF PUBLIC WORKS' GRAFFITI ABATEMENT PROGRAM

On April 20, 2010, your Board instructed the Chief Executive Office to report back during FY 2010-11 Budget Deliberations on how the reduction of the Graffiti Abatement Program in the Department of Public Works (Department) will impact the current 48-hour response time that it takes for graffiti to be removed in the County's unincorporated areas after it has been reported to the hotline.

The Department's FY 2010-11 Proposed Budget includes a $70,000 reduction in the Graffiti Abatement Program. This reduction will not affect the Department's ability to respond to complaint calls within the preferred 48-hour response time as there are no proposed reductions to the 25 service contacts utilized to provide graffiti abatement services in the County Unincorporated areas. However, the proposed reduction may result in minor delays related to the Department's ability to respond to special requests from the Board of Supervisors and/or other County Departments. The Department will make every effort to reallocate resources to minimize the impact in the County's unincorporated areas.

If you have any questions or require additional information, please contact me or your staff may contact Rochelle Goff at (213) 893-1217, or via email at rgoff@ceo.lacounty.gov.

WTF:LS:RG
AB:kd

c: Executive Office, Board of Supervisors
County Counsel
Public Works

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
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WILLIAM T FUJIOKA
Chief Executive Officer

May 19, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

FISCAL YEAR 2010-11 PROPOSED BUDGET IMPACT ON THE DEPARTMENT OF PUBLIC WORKS PROPERTY REHABILITATION AND NUISANCE ABATEMENT PROGRAM

On April 20, 2010, your Board instructed the Chief Executive Officer (CEO) to report back during Fiscal Year 2010-11 Budget Deliberations on the impact of the $542,000 reduction in the Department of Public Works (DPW) Property Rehabilitation and Nuisance Abatement Program and the impact this will have on abatement teams.

The CEO has subsequently worked, in collaboration with DPW, to develop an alternative plan, which fully mitigates the proposed elimination of one Nuisance Abatement Team (NAT) in each of the following areas: City Terrace/San Gabriel, the Alameda Corridor/Florence-Firestone/Willowbrook, and the Antelope Valley West; and the elimination of one Neighborhood Enforcement Team, which administers the Proactive Vacant House Survey and the Block Survey of Unsightly Properties Programs located in the Florence-Firestone area. The alternative plan includes the reallocation of existing permanent staff from code enforcement activities to NAT activities, the offsetting elimination of full-time NAT contract employees, and reductions in contract services and miscellaneous services and supplies. As a result, DPW may experience an estimated 10 percent reduction in code enforcement inspection capacity, but will make every effort to reallocate resources to minimize the impact in the County's unincorporated areas.

If you have any questions or require additional information, please contact me or your staff may contact Rochelle Goff at (213) 893-1217, or via email at rgoff@ceo.lacounty.gov.

WTF:LS:RG
AB:kd

c: Executive Office, Board of Supervisors
County Counsel
Public Works

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

May 24, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

REPORT ON THE IMPACT OF CONSOLIDATING THE ANTELOPE VALLEY REHABILITATION CENTERS

On April 20, 2010, during your Board's discussion, Supervisor Antonovich requested this Office to provide an administrative memo on the impact of consolidating the Antelope Valley Rehabilitation Centers (AVRC) at the Acton facility; and the feasibility of pursuing research funding from private sources, such as alcohol or beverage industries, for the facility.

AVRC - CONSOLIDATION IMPACT

The Department of Public Health's (DPH) Substance Abuse Prevention and Control (SAPC) operates the AVRC, which consists of two rehabilitation campuses: Acton and Warm Springs. As an efficiency measure and to avoid substantial capital needs at both facilities, DPH proposed to consolidate the two facilities at the Acton center. Both AVRC facilities are in need of major repairs and received Notice of Violations from the California Regional Water Quality Board. Our Office concurs with DPH that it is not cost effective to renovate both facilities to meet the State and County health and safety standards.

On April 6, 2010, DPH reported in a memo to your Board that it would retain its current level of funding and staffing after consolidating its two facilities. Since the issuance of DPH's memo, our Office has identified a savings of $1.7 million in other County departmental costs and reflected the savings in our recommendations to your Board in the 2010-11 Proposed Budget.

The current census of both campuses ranges from 300 to 310. During the construction phases of the consolidation, AVRC anticipates the need to temporarily reduce census to 240 as residential units and office space for staff are renovated. Acton's final total client population after the consolidation is anticipated to be 309.

POTENTIAL FUNDING FROM PRIVATE SOURCES

DPH strives to implement evidence-based research to guide its programs and services to ensure the best use of resources and the highest level of services for Los Angeles residents. This is especially true in the area of substance abuse and dependence and the services provided at the AVRC.

While SAPC and its providers have been involved in a number of research-related activities to improve practices and outcomes, it has not pursued research funding from any industry, including the alcohol industry. DPH advises that if it were to solicit funding from private sources to support research, specifically the alcohol industry, a few considerations would need to be made. In order for the research to be accepted as scientifically valid, it must be conducted without any conflict of interest on the part of the funders or any other external party participating in the study. Additionally, solicitation of alcohol industry support for research on treatment of alcohol dependence will also likely engender debate over whether or not researchers who receive such funding are unbiased.

DPH indicates that among the substance abuse prevention community in the County there is opposition to this topic. Reasons for the opposition include the same concerns described above on conflict of interest and the compromising of scientific ethics. Opposition would also be anticipated should the County accept funds from outside sources with the intent to maintain the AVRCs. While the AVRCs are the County's residential treatment facilities, they are only two among hundreds of substance use treatment programs in Los Angeles County that arguably should also benefit from any outside funding received by the County.

DPH knows of no other governmental agencies that receive funding from the alcohol or other industries to conduct research on treatment of substance use disorders. Based on these and the reasons mentioned above, DPH does not recommend approaching the alcohol industry to request funding for research.

If you have any questions or need additional information on this matter, please contact me or your staff may contact Sheila Shima, Deputy Chief Executive Officer at (213) 974-1160 or sshima@ceo.lacounty.gov.

WTF:BC:SAS
MLM:TOF:bjs

c: Executive Office, Board of Supervisors
County Counsel
Public Health

052410_HMHS_MBS_AVRC Consolidation

County of Los Angeles
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Kenneth Hahn Hall of Administration
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May 19, 2010

To: Supervisor Gloria Molina, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

REPORT ON THE DEPARTMENT OF PUBLIC HEALTH'S PROGRAMMATIC/SERVICE CURTAILMENTS AND HEALTH REGIONALIZATION PLAN FROM THE APRIL 20, 2010 BOARD MEETING (BUDGET DELIBERATIONS AGENDA OF JUNE 7, 2010)

On April 20, 2010, your Board instructed the Chief Executive Office (CEO) and the Director of Public Health (DPH) to report back to the Board during final consideration of the budget in June 2010 on a description of how the programmatic/service curtailments and health regionalization plan would impact Los Angeles County residents, including:

a) A map or other visual aid that describes the volume and accessibility of all currently available Department of Public Health services (e.g. immunization, tuberculosis, sexually transmitted disease-related services, case management and home visitation programs for high-risk pregnant women, etc) and compares these services to what would be available upon completion of the regionalization plan and service curtailments;

b) A description of the potential impact that any DPH services reductions could have on other County-funded services and the private provider community;

c) The extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds, such as the new Home Visitation Grant Program and other opportunities within the Patient Protection and Affordable Care Act of 2010 or new funds that will be available under the First Five of Los Angeles Commission's new strategic plan;

d) The rationale supporting the recommended changes; and

e) The specific outcome goals that guide DPH's decision making.

Potential Impact of Proposed DPH Curtailments

Exhibit I is the report by DPH describing the programmatic/service curtailments and health regionalization plan and its potential impact on Los Angeles County residents. As requested, the report includes: 1) maps that describe the volume and accessibility of all currently available DPH services and compares these services to what would be available upon completion of the regionalization plan; 2) a description of the potential impact that DPH reductions could have on other County-funded services and the private provider community; 3) the extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds; 4) the rationale supporting the recommended changes; and 5) the specific outcome goals that guide DPH's decision making.

Informational meetings were scheduled with your offices to provide a framework for the magnitude of the challenges DPH encounters when identifying departmental curtailments to address the County's projected structural deficit, which included a brief overview of the budgetary reductions they have experienced over the last several years. These include federal, State, and County reductions primarily attributable to declines in revenues such as State Vehicle License Fees – Realignment, Realignment Sales Tax, and property taxes.

While it is recognized these revenue declines, due to the downturn of the economy, are temporary in nature, DPH has communicated on numerous occasions that the departmental reductions experienced thus far have had a severe impact on their ability to absorb further reductions, maintain optimal service levels, and maintain a level of readiness necessary to address unexpected events and/or outbreaks affecting the public's health. Per DPH, further curtailments will severely diminish their ability to fulfill core public health responsibilities, especially key health protection for all County residents.

Adjustments to Offset Proposed DPH Curtailments

The Final Changes recommendations from this Office for DPH will include adjustments which would restore the filled, budgeted positions previously eliminated in the DPH 2010-11 Proposed Budget as part of the DPH deficit mitigation. First, the DPH budget will be adjusted to reflect projected improvement in State Realignment revenue of $1.8 million. Next, as instructed by your Board on April 20, 2010, an adjustment is being proposed which would add to the DPH 2010-11 Budget the carryover of $1.7 million in DPH-generated fund balance projected at 2009-10 year-end closing to address the proposed curtailments. Finally, an adjustment is proposed to transfer $3.0 million from the Provisional Financing Uses budget to DPH's operating budget. The $3.0 million was approved by your Board in the Proposed Budget to help offset the pending DPH curtailments. As a result of these adjustments, the proposed programmatic/service curtailments and the clinic consolidations in the health center regionalization plan included in DPH's 2010-11 Proposed Budget will not be implemented in 2010-11. However, DPH, in concert with this Office, will continue to move forward with implementing the operational efficiencies and service improvements in the regionalization plan, which are not related to service reductions, and other departmental cost-savings initiatives, wherever possible.

If you have any questions or need additional information, you may contact me or your staff may contact Sheila Shima, Deputy Chief Executive Officer, at (213) 974-1160 or sshima@ceo.lacounty.gov or Jonathan Freedman, Chief Deputy Director, DPH, at (213) 240-8156 or jfreedman@ph.lacounty.gov.

WTF:BC:SAS
MLM:RFM:gl

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Public Health

Exhibit I

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

Report on the Department of Public Health 2010-11 Proposed Budget Programmatic/Service Curtailments/Efficiencies and Health Regionalization Plan

On April 20, 2010, the Board of Supervisors instructed the Chief Executive Officer (CEO) and the Director of Public Health (DPH) to report back to the Board during final consideration of the budget in June 2010 on a description of how the proposed programmatic/service curtailments and health regionalization plan included in the 2010-11 Proposed Budget would impact Los Angeles County residents, including:

a) A map or other visual aid that describes the volume and accessibility of all currently available Department of Public Health (DPH) services (e.g. immunization, tuberculosis, sexually transmitted disease-related services, case management and home visitation programs for high-risk pregnant women, etc.) and compares these services to what would be available upon completion of the regionalization plan and service curtailments;

b) A description of the potential impact that any DPH service reductions could have on other County-funded services and the private provider community;

c) The extent to which the impact of these curtailments and clinic consolidations could be mitigated by other funds, such as the new Home Visitation Grant Program and other opportunities within the Patient Protection and Affordable Care Act of 2010 or new funds that will be available under the First Five of Los Angeles Commission's new strategic plan;

d) The rationale supporting the recommended changes; and

e) The specific outcome goals that guide the Department of Public Health's decision making.

Background

The development of the Fiscal Year (FY) 2010-11 DPH Proposed Budget was particularly difficult since over the past several fiscal years the DPH budget has been reduced by about $85 million in net appropriation and 305.0 budgeted positions, primarily as a result of State funding reductions. The budget challenges facing DPH are primarily related to the downturn in the economy and associated revenues that will return as the economy ultimately improves. Moreover, these economically-sensitive

revenues are not tied to the operational requirement of DPH to fulfill the broad mandate for protecting and promoting health, and represent a relatively limited pool of unrestricted net County cost (NCC) funding in the DPH budget. Consequently, it was difficult for DPH to develop a curtailment plan that enabled DPH to meet its mission while achieving a balanced budget. DPH does not recommend implementing these curtailments, as it will erode their ability to provide services to the public, operate programs efficiently, and flex up to respond to public health emergencies that may arise. However, this plan represents DPH's attempt to minimize service disruption while meeting the Department's budget target.

Rationale

DPH was guided by several principles in developing the 2010-11 Proposed Budget curtailment plan.

- The need to maintain the ability to fulfill the County's public health mandates, as well as the ability to perform the essential services of public health departments;

- The goal of maintaining a balanced portfolio of activities. For example, communicable disease control activities are not performed by any other entity and must be performed by DPH. However, chronic diseases comprise the leading causes of death and ill health, so it is vital to retain the ability to address the most pressing health problems affecting communities;

- Not all areas of DPH work can be subject to curtailment. Many DPH functions are grant-funded, so are not applicable to this exercise. In addition, some grant-funded activities require a County match or a Maintenance of Effort (MOE), so those NCC dollars are not available for curtailment. DPH has a more narrow range of programs and services among which to consider for curtailment;

- Aggressive identification of efficiencies that could be achieved with minimal service disruption; and

- Aggressive identification of revenue solutions wherever possible. Every potential opportunity to shift NCC expenditures to grant funding was considered.

Outcome Goals that Guide DPH Decision-Making

DPH was guided by three major outcome goals in developing its balanced budget plan:

- Maintain core capacity so that department infrastructure is maintained until the economy improves;

- Maintain a balance of activities so that the department can meet its health protection and disease control mandates while still maintaining the ability to

address the chronic health conditions that represent the leading causes of poor health in communities; and

- Maintain sufficient staffing to enable the department to flex up during public health emergencies or major outbreaks.

These principles led to the approach of first, identifying efficiencies and revenue solutions, and then curtailing NCC-funded programs across the board in a manner that would cause the least harm to the program, in lieu of eliminating an entire program. Eliminating a program would make it impossible to meet the responsibility to address the health needs of the population. In addition, it would be extremely difficult to reestablish a program once the economy and the County's budget situation improves.

2010-11 Proposed Budget Curtailment/Efficiencies/Revenue Plan

Highlights of DPH's curtailment/efficiencies/revenue plan include:

- Assumption of H1N1 carryover funding to be used on a one-time basis, pending approval from the Centers for Disease Control;

- Consolidation of the Antelope Valley Rehabilitation Center (AVRC) from two facilities to one by moving clients and staff from the Warm Springs facility to the Acton facility;

- Curtailments across most NCC-funded programs, some of which will result in a temporary diminution of services and others of which will reduce service capacity or the efficient operation of programs; and

- Regionalization of clinic services at DPH Public Health Centers, with the goal of more efficient use of resources for tuberculosis, sexually transmitted diseases, and immunization services. Regionalization entails offering only one or two services at each site, so that DPH would conduct fewer total TB or STD clinic sessions at fewer locations, but the efficiency of each clinic would be higher, resulting from both service improvements and economies of scale.

AVRC Consolidation – Regardless of the budget situation, there are good reasons to close the Warm Springs facility and consolidate rehabilitation services on the Acton campus. Both facilities need extensive repairs and upgrades, so consolidation would avoid the costs of the Warm Springs repair work. Consolidating services and staff also creates efficiencies, as the staff to client ratio will be in line with benchmark facilities. This more appropriate staff to client ratio will facilitate better client control, with fewer incidents of fighting, sexual harassment, and other undesirable behavior.

Program Curtailments – As described above, program curtailments were proposed to be spread over most NCC-funded programs because there was no program or service that could be eliminated without sacrifice to DPH's ability to meet its mission. Curtailments

were intended to cause the least disruption to services and to the efficiency of the operation. In some cases, high level positions that have been recently vacated due to retirement are being "frozen" – kept vacant for FY 2010-11, but not eliminated from the budget so they can be filled in future years. These functions would be performed by "acting" managers in the interim, since they are needed functions for the department.

Services for Pregnant Women and New Mothers – The Board motion identified case management and home visitation programs for high risk pregnant women as an area of potential concern. Funding for these services has been eroded over the years as the State has reduced funding for these activities. In December 2009, the State curtailed funding for the Prenatal Care Guidance program, resulting in a two-thirds program reduction. This curtailment plan proposes to eliminate the program, since only one of the Public Health Nurse positions is currently filled. Without the State funding, it is difficult to maintain a viable program.

Regionalization Plan for Clinic Services – DPH's approach to curtailments in the clinical area derives from two strategies: 1) service improvements, which include clinical and staffing practice standards; and 2) regionalization, which is consolidating services at fewer locations to achieve economies of scale. Longer term planning must anticipate the effects of health care reform – what and how services should be delivered in DPH facilities once a greater percentage of patients have coverage and improved access to health services.

Service improvements include initiatives such as giving test results over the phone, or the "I Know" campaign to send free sexually transmitted disease (STD) test kits to women by mail, which can completely eliminate the need for clients to come to the clinic for testing for most STDs. These initiatives reduce the need for clients to make visits to public health clinics without reducing the level of service provided. In addition, Community Health Services (CHS) has begun to develop staffing standards for each clinic type that, combined with clinic workload definitions will assure the efficient distribution and type of clinic staff for each clinic site.

Regionalization of services is another way to achieve efficiencies. Most of DPH's public health centers (8 of 14) provide TB, STD, immunization, and communicable disease (CD) triage services. The remainder do not provide every service, often because of facility constraints. Currently, some clinic sessions are not as busy as capacity would allow, particularly since TB cases have been declining over the years. Regionalization entails offering only one or two services at each site, so that DPH would conduct fewer total tuberculosis (TB) or STD clinic sessions at fewer locations, but the efficiency of each clinic would be higher, resulting from both service improvements and economies of scale.

The inherent difficulty in regionalizing services is ensuring geographic access to DPH services. In a county as large as Los Angeles, with barriers such as limited public transportation and long physical/geographical distances, reducing the number of sites that provide treatment for communicable diseases such as TB and STDs could pose a

risk that patients will not seek timely and consistent treatment. Regionalization decisions must balance access concerns, as indicated by disease trends and availability of other providers, with efficiency opportunities.

One factor affecting the siting/location of services is building condition. Specifically, the facility needs a heating, ventilating, and air conditioning (HVAC) system that can accommodate the special air handling needed for TB treatment. The Torrance Health Center, for example, does not have the appropriate HVAC system so TB services have not been provided there for several years.

Another consideration is the availability of other providers in the service area. Since DPH provides most of the TB services in the County, those services must be accessible, although the number of cases is relatively small and declining. While DPH provides a relatively small percentage of STD services, it is an essential safety net service in high STD morbidity areas, with clients seeking confidential service in spite of whether they have health coverage. Immunizations are the most widely available with many community and private providers participating in the Vaccines for Children (VFC) program, and DPH's anticipates that access for this service in DPH health centers will continue to decrease.

Attachment A is a series of maps that illustrate the effect of regionalization. Included are:

- Maps A-1 and A-2 show DPH Health Centers that currently provide TB services and that would provide TB services after regionalization, overlaid with the prevalence of TB cases in the County;

- Maps A-3 and A-4 show DPH Health Centers that currently provide STD services and that would provide STD services after regionalization, overlaid with the prevalence of STD cases in the County;

- Maps A-5 and A-6 show DPH Health Centers that currently provide STD services and that would provide STD services after regionalization, overlaid with other safety net providers (Department of Health Services [DHS] and Public-Private Providers [PPP]) that offer STD treatment to the same target population; and

- Maps A-7 and A-8 show DPH Health Centers that provide immunization services currently and after regionalization, overlaid with other VFC providers that offer immunizations to the same target population.

Impact on Other Providers

Whenever services are moved, there is a chance that patients would not seek services at the new site. However, DPH is not planning for a reduction in TB or STD services. Attachment B shows DPH's current service configuration and the configuration after

regionalization. As the table indicates, the number of clinic sessions will decrease, but the number of patient visits is projected to remain the same in the areas of TB and STD. For TB services, no impact to private providers is anticipated. DPH treats an estimated 90 percent of TB patients in the County. DPH field staff monitors active TB cases, so individuals with TB have a relationship with DPH. There are not many private providers who treat TB and DPH anticipates maintaining its current service volume.

For STD services, DPH treats about 10 percent of cases. Private providers are already treating the majority of STD patients so if a small number of STD patients seek care at DHS or community clinics rather than DPH clinics, the impact may not be perceptible. Some patients choose DPH clinics because they want an anonymous setting, rather than going to the provider where they seek other medical services. By planning for the same STD visit volume as the current level, DPH anticipates minimal impact on other providers.

Regionalization would have an impact on immunization providers, as DPH is planning for almost 18,000 fewer immunization visits than it currently provides. Immunizations are widely available in the community, both from private physicians and safety net clinics. The federal VFC program has increased access to immunizations countywide, and DPH service volume has declined. DPH anticipates that where it eliminates or regionalizes immunization services (Torrance, Hollywood-Wilshire, Monrovia, and Pacoima), all or some of the patient volume would be shifted to other providers in the area. However, this impact is not expected to be detrimental to other providers, since they are VFC providers and are ostensibly already providing services to this target population.

Regionalization would also affect private providers in the area of CD triage, as DPH would plan for almost 32,000 fewer visits than it currently provides. CD triage is a mix of services for patients who may potentially have CD or who need CD screening, with TB testing representing a large percentage of CD triage visits. CD triage is also a service that is available in the community, depending on what the specific service is. As with immunizations, many patients come to DPH clinics seeking these services because DPH clinics are convenient and services are provided at no charge. DPH anticipates that where it eliminates or regionalizes CD triage services (Torrance, Hollywood-Wilshire, Monrovia, and Pacoima), all or some of the patient volume will be shifted to other providers in the area.

Ability to Mitigate With Other Funds

Before DPH recommended curtailments, they looked for alternate funding sources for programs and services. In a few cases, DPH was able to shift costs from NCC onto grant funds. However, this was only possible in a few small areas.

The American Recovery and Reinvestment Act (ARRA) prevention grants have been a major infusion of funding for DPH. However, these funds are for very specific activities, and most of the funding is going out to community-based agencies. To the extent that

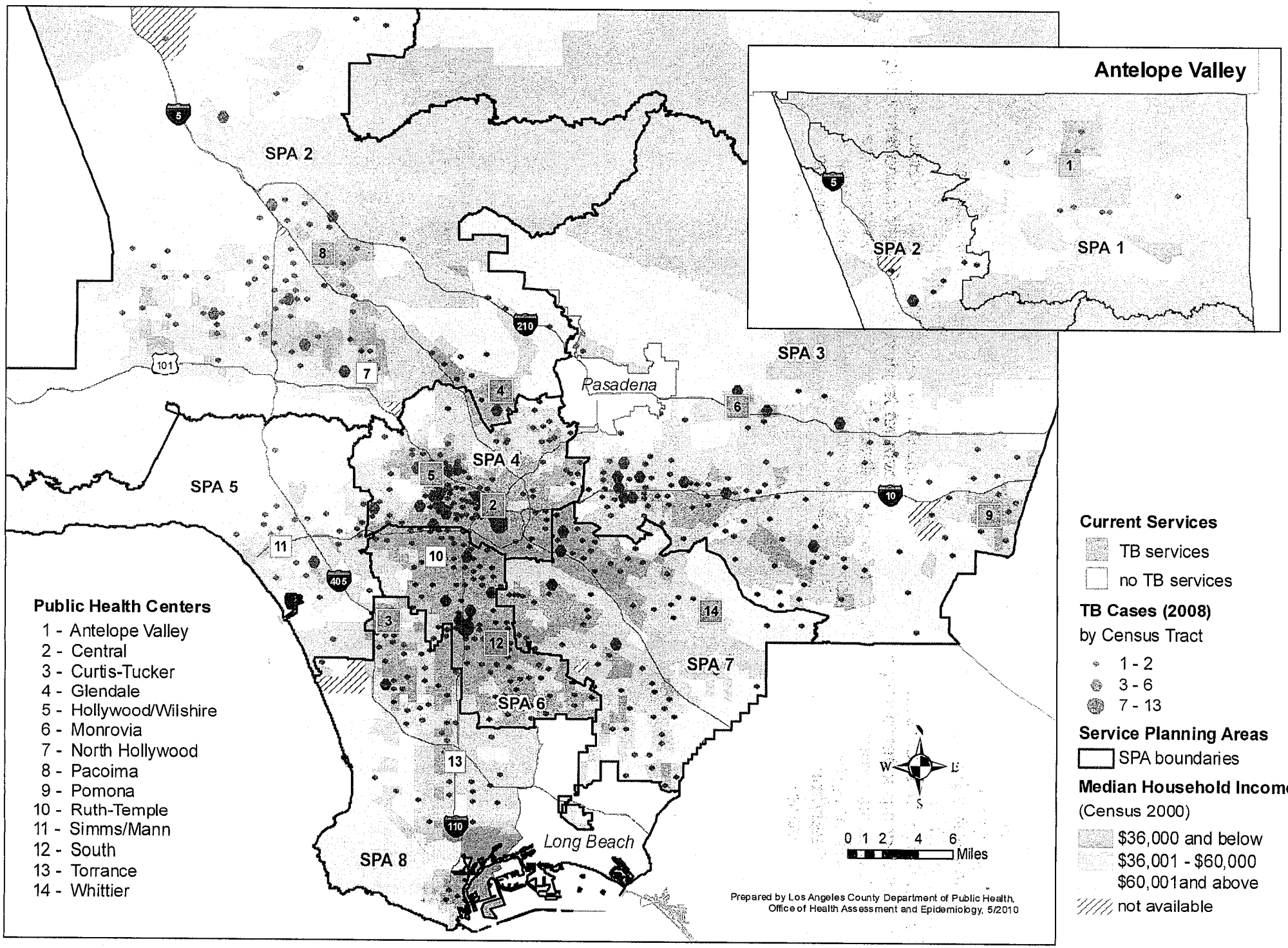
funding remains in DPH, it will be used to fund policy coordination and support for the community-based efforts in the areas of tobacco and obesity prevention. The funding does nothing to shore up DPH's base activities and does not help to avoid the curtailments in the 2010-11 Proposed Budget.

Healthcare reform provides an upcoming potential source of funding. DPH is tracking the sections of the legislation that could potentially fund local health departments. For example, the Maternal, Infant, and Early Childhood Home Visiting Program may yield funding for Los Angeles County, as may various programs under the umbrella of the Prevention and Public Health Fund. There are also sections pertaining to oral health, immunizations, and surveillance and laboratory activities. At this time, it is unclear whether all of these programs will receive appropriation, how the funds will be allocated, and what specifically they can be used for. Although the health coverage expansion may not take effect until 2014 (unless the State implements some features early), this may provide a revenue opportunity for some of the clinical services DPH provides. DPH is working with CEO and the county's lobbyist to advocate for favorable implementation recommendations.

In addition, DPH continues to apply for grants. However, grants generally fund one topic area, which generally ends up being a new project for the department, rather than funding to support core activities.

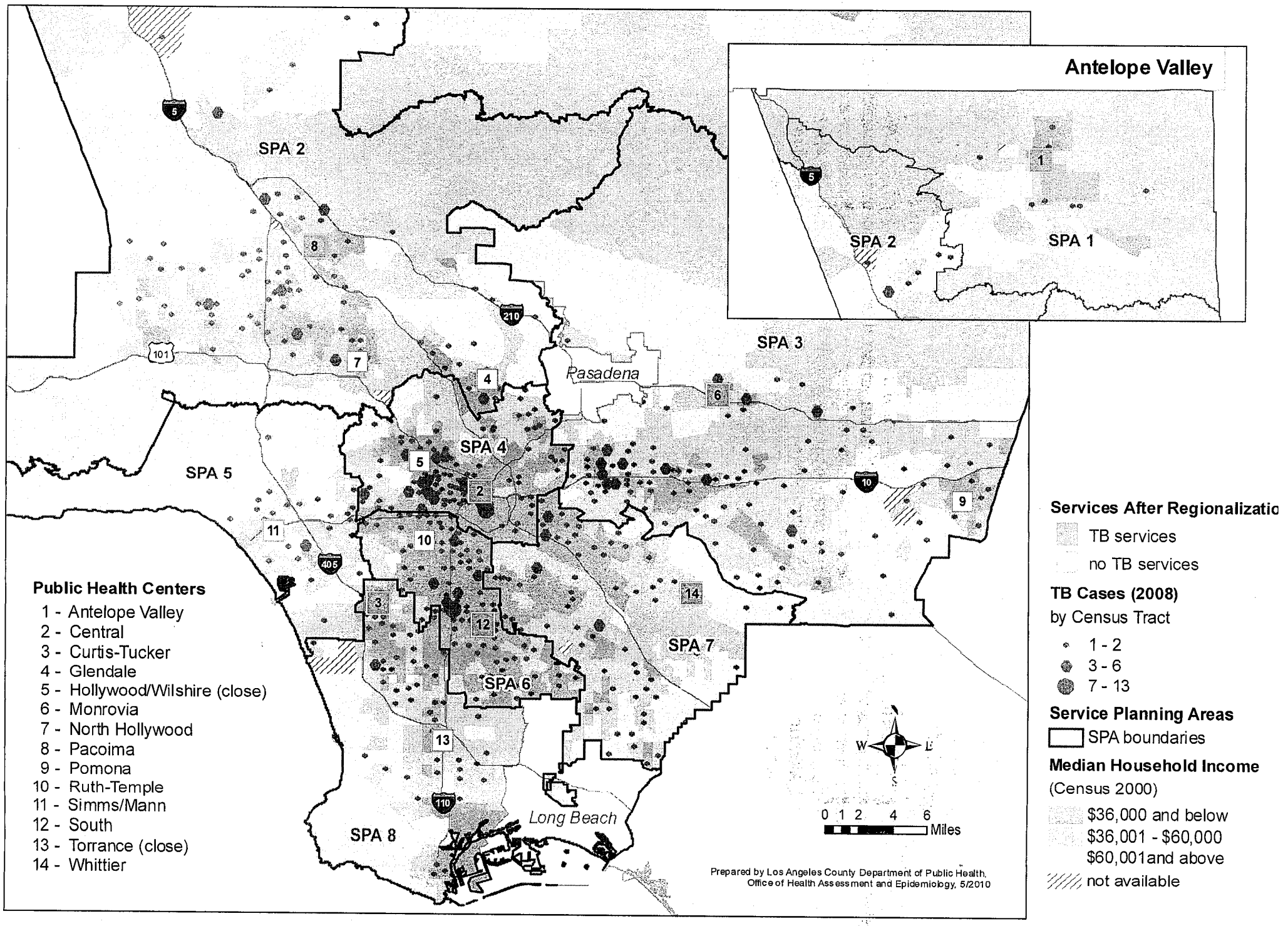
Map A-1

Los Angeles County - Public Health Centers Providing TB Services - Current



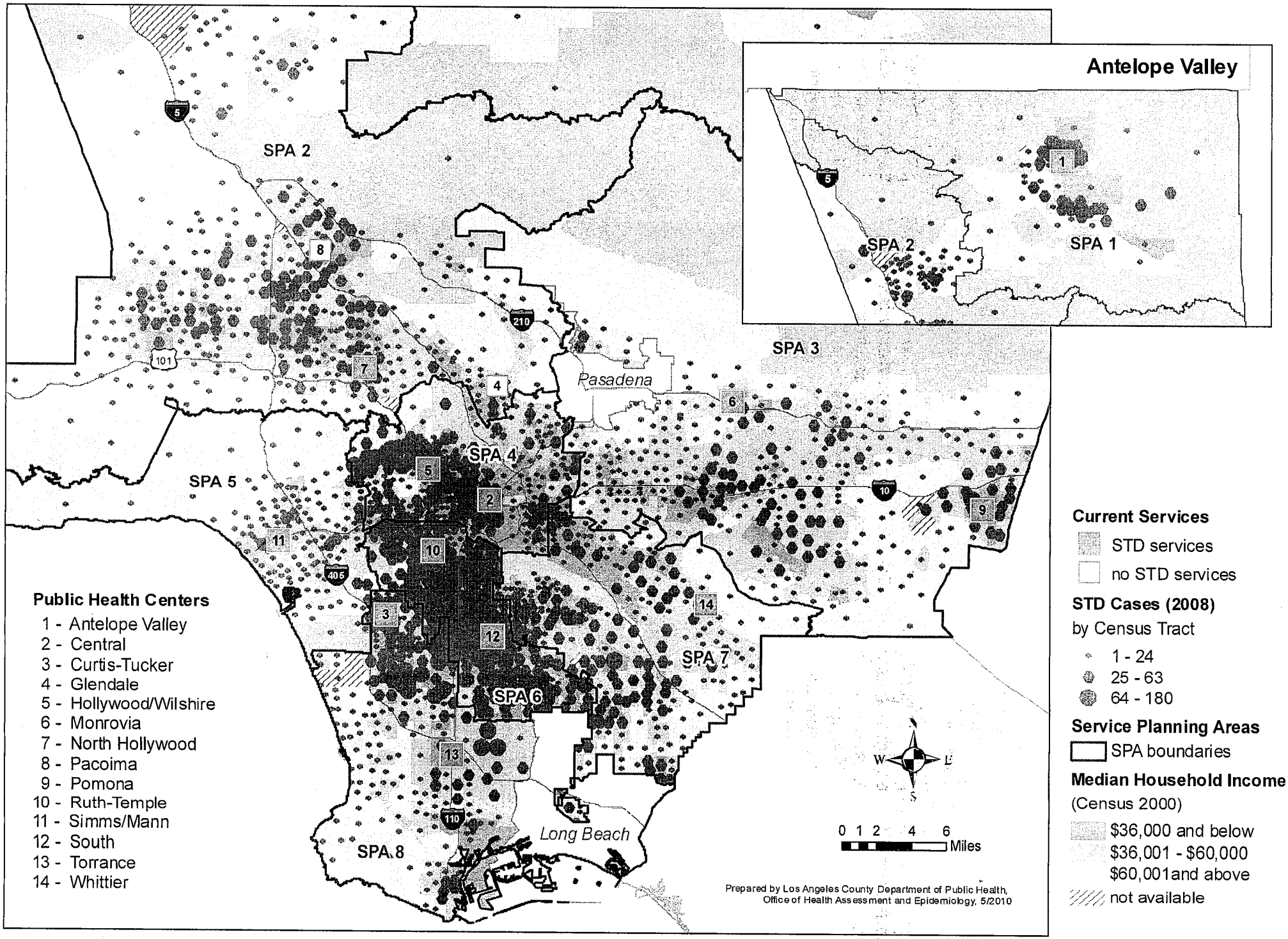
Map A-2

Los Angeles County - Public Health Centers Providing TB Services - After Regionalization

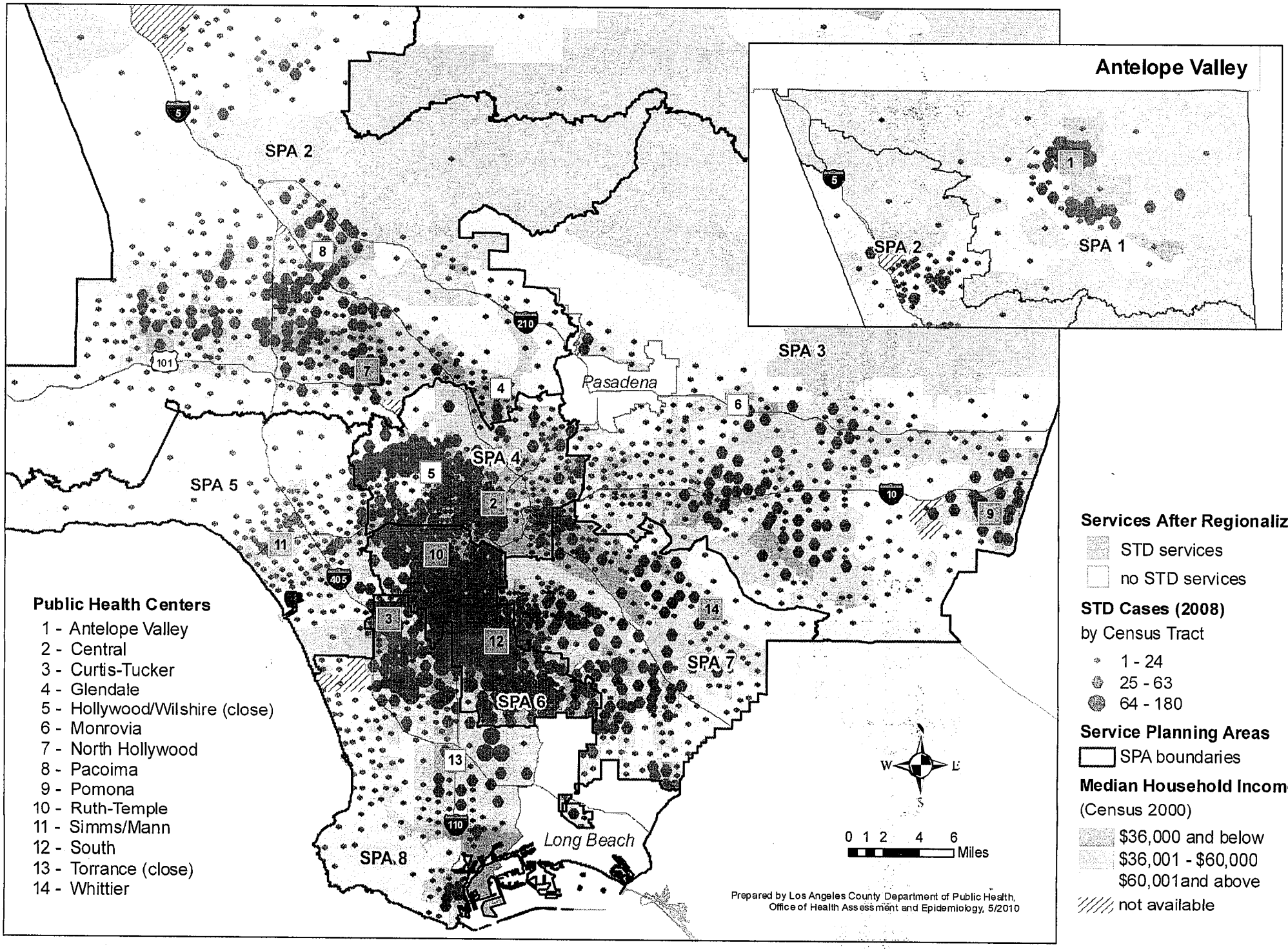


Map A-3

Los Angeles County - Public Health Centers Providing STD Services - Current

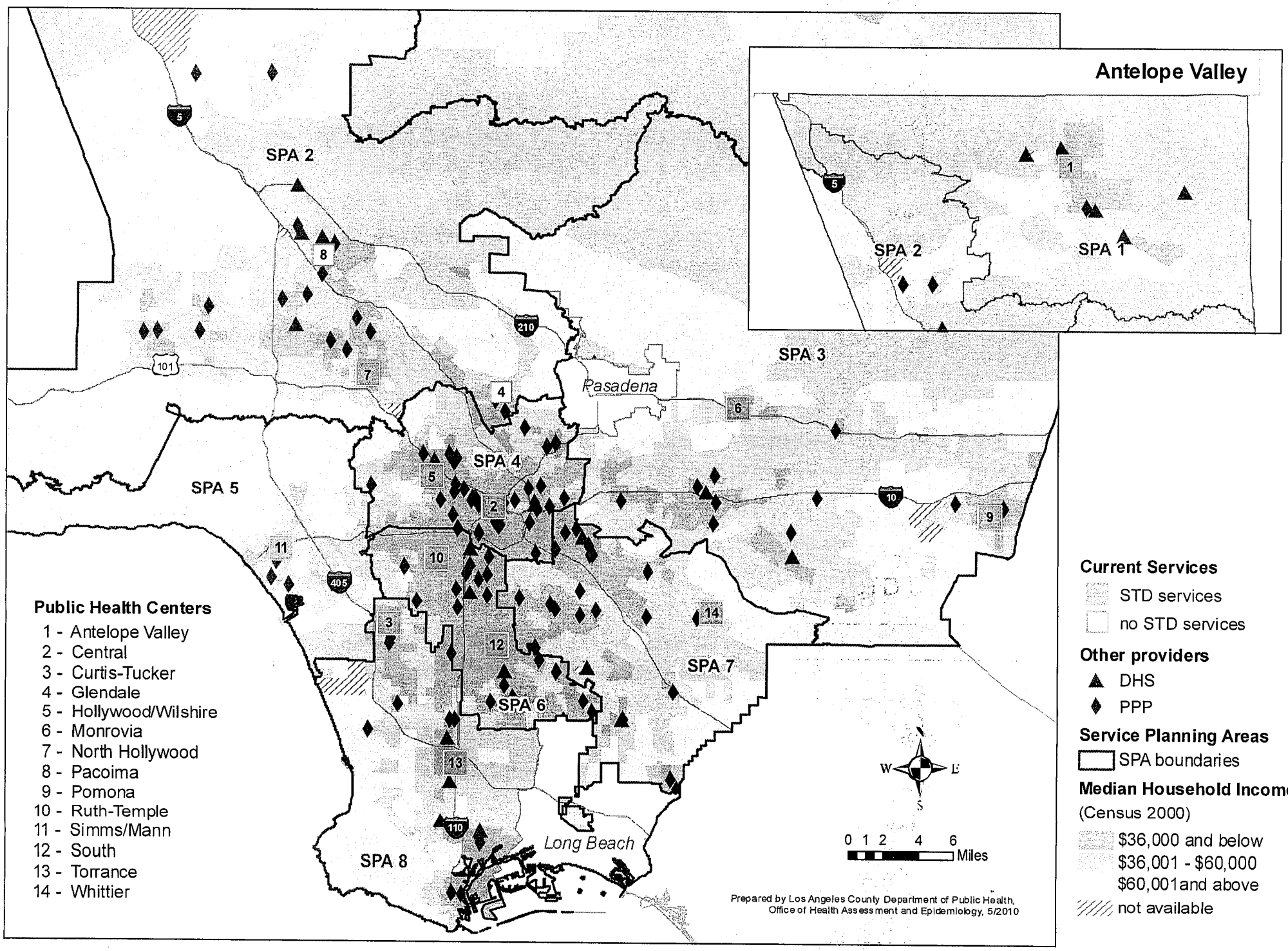


Los Angeles County - Public Health Centers Providing STD Services - After Regionalization

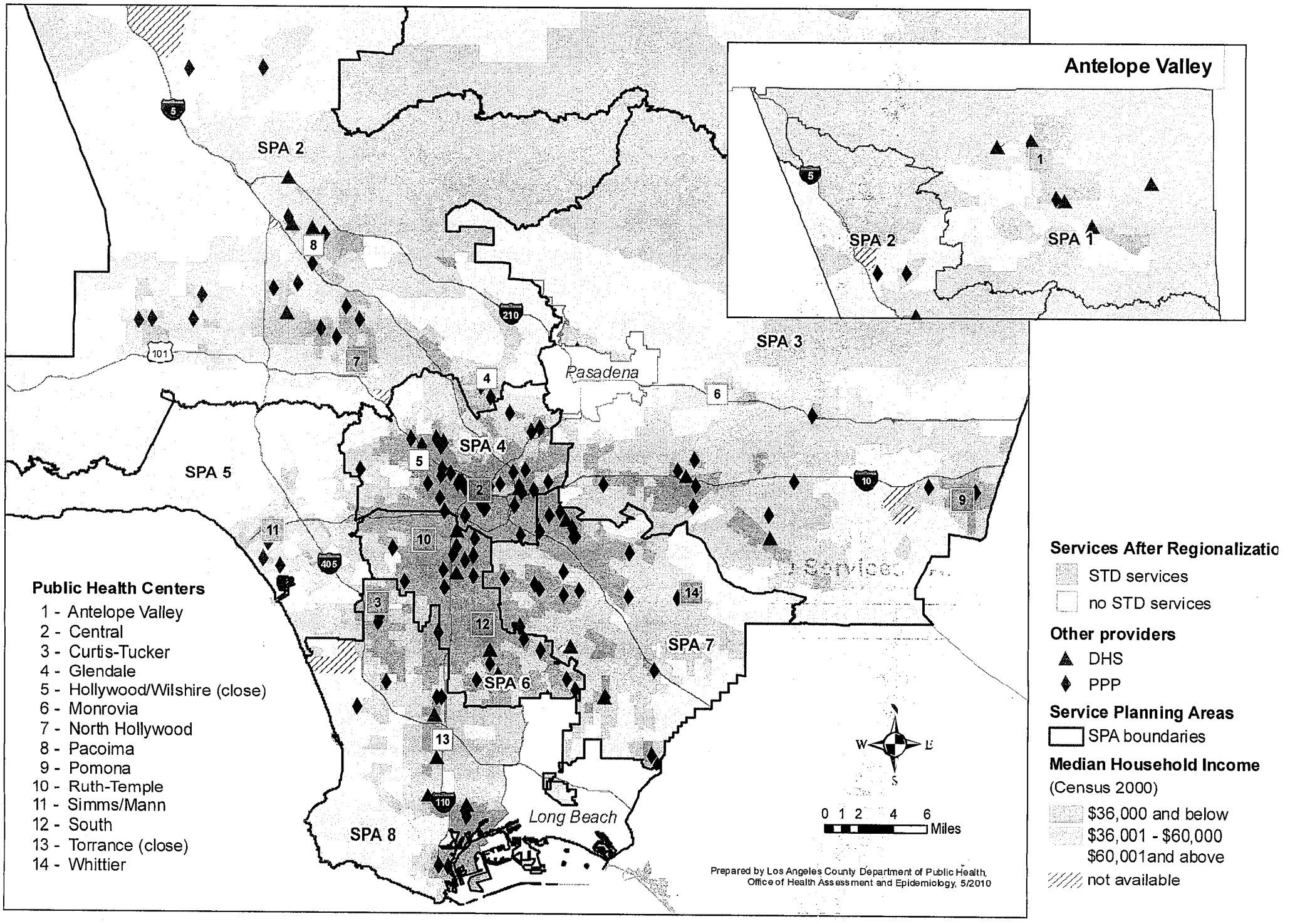


Map A-5

Los Angeles County - Public Health Centers Providing STD Services - Current

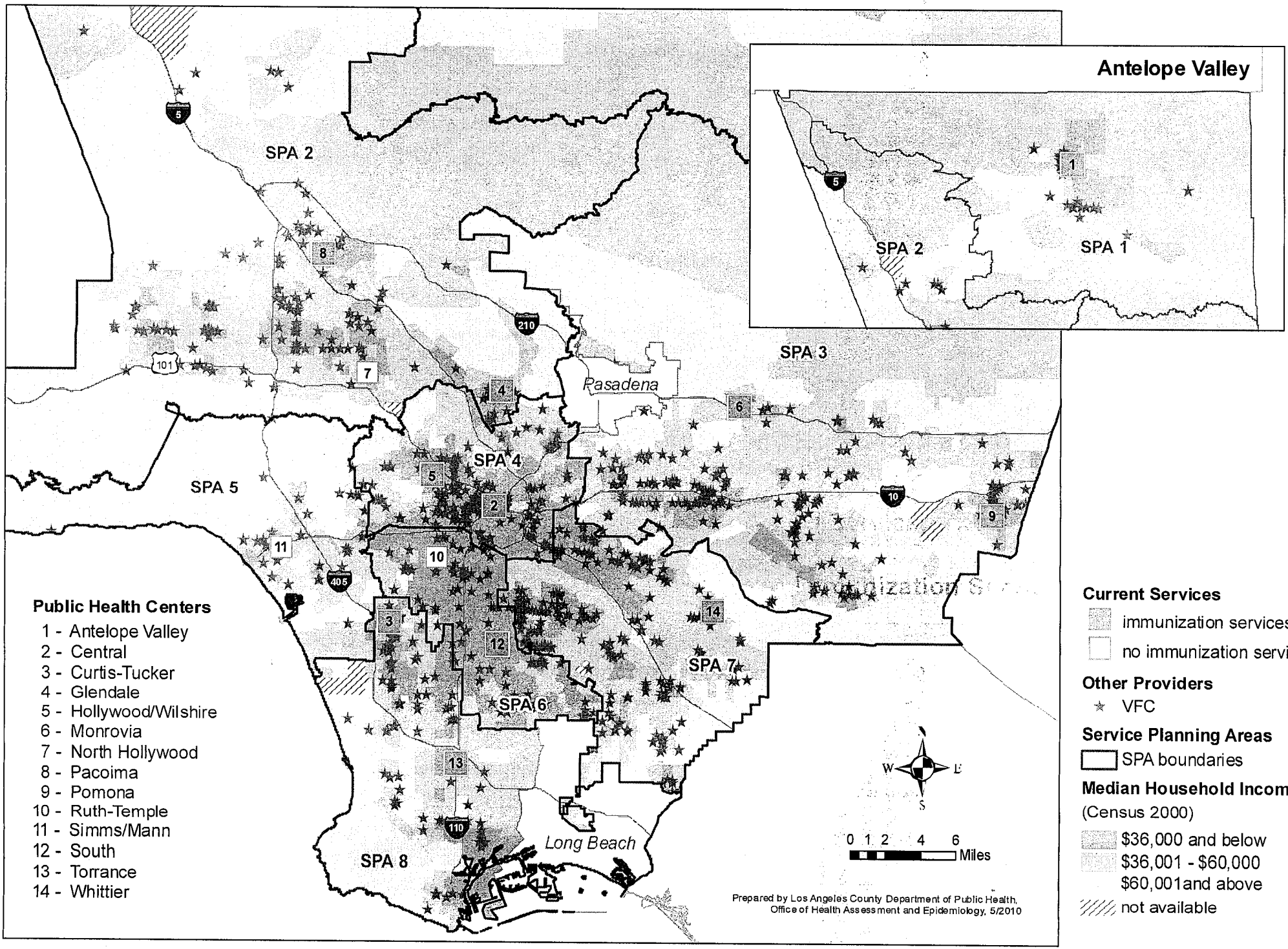


Los Angeles County - Public Health Centers Providing STD Services - After Regionalization

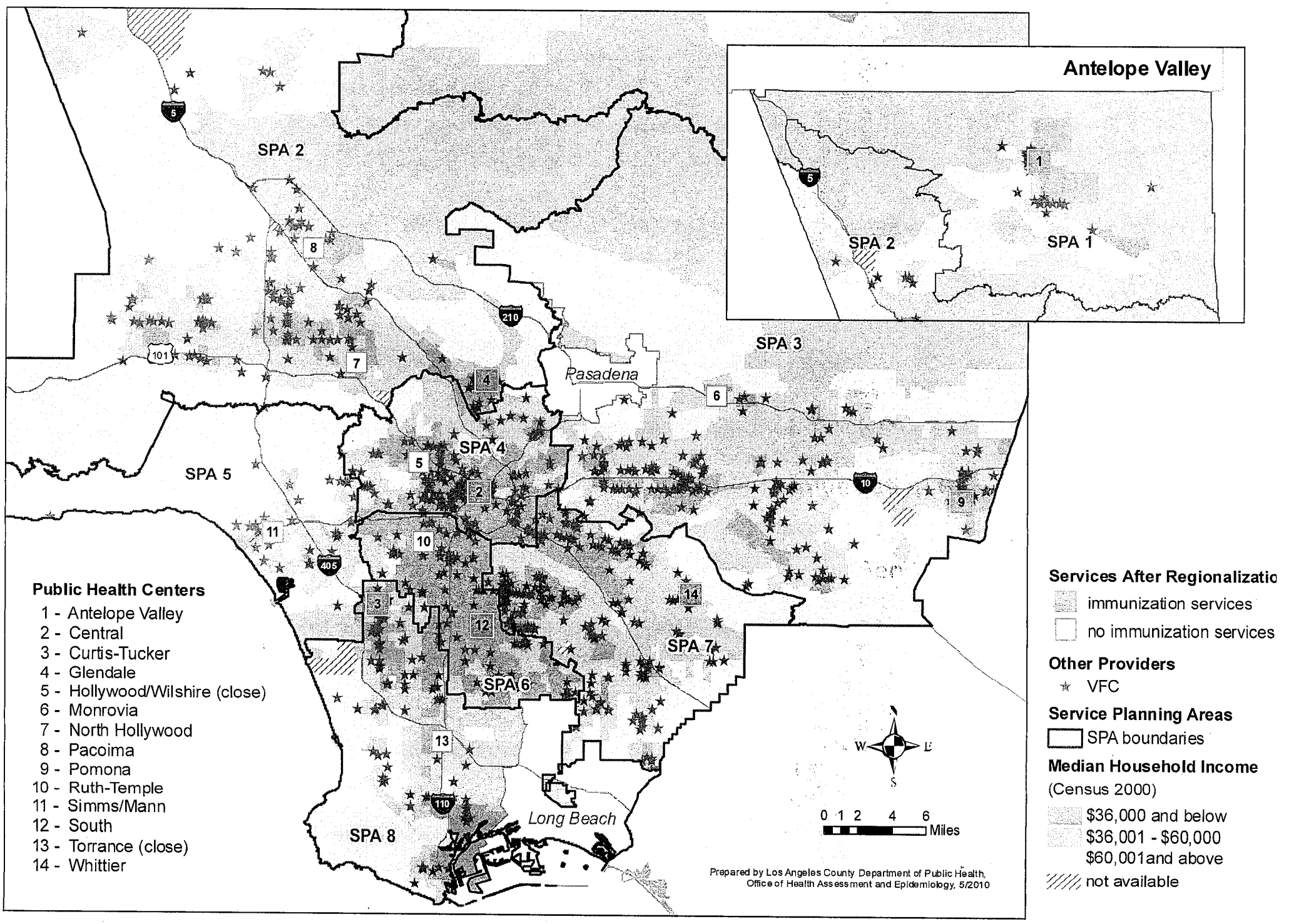


Map A-1

Los Angeles County - Public Health Centers Providing Immunization Services - Current



Los Angeles County - Public Health Centers Providing Immunization Services - After Regionalization



County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

June 7, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

IMPACT OF DELAYING THE OPENING OF OLIVE VIEW/UCLA MEDICAL CENTER TUBERCULOSIS UNIT

On April 20, 2010, during your Board's discussion, Supervisor Antonovich requested this Office to provide an administrative memo on the revenue implications for all of the Department of Health Services (DHS) hospitals of delaying the opening of the Olive View/UCLA Medical Center (OV/UCLA) Tuberculosis (TB) Unit as a result of being able to free up acute care beds in those other hospitals.

A large percentage of the patients with active TB are provided outpatient care by the Department of Public Health (DPH). When these patients with active communicable TB require acute care, they are usually admitted to one of the DHS hospitals. In addition, there are patients who are admitted to the hospitals with acute symptoms where TB needs to be confirmed or ruled out. All of these patients must be placed in isolation rooms with negative air pressure.

The problem which has been encountered over the years occurs when these patients no longer need acute care, but are still contagious, and cannot be discharged. They continue to occupy the isolation bed, for which DHS does not get acute level revenue, and the room is unavailable for other acute patients. Prior to the closure of High Desert Hospital, these patients could be transferred to a special skilled nursing ward at High Desert that was retrofitted with negative air pressure. Now they remain in the acute beds. When DPH became a separate department, DPH was allocated the net County cost of this care and reimburses DHS.

When the TB unit was added to the capital project for the new Olive View Emergency Department, the concept was that these would be isolation rooms available for a bioterrorism event, but utilized in the interim for the TB patients. The proposal is to obtain approval to operate the beds with a nursing staffing ratio equivalent to a sub-acute unit and thus use it for those TB patients who fit the criteria described above -- no longer acute, but requiring continued isolation.

Since the TB unit was planned several years ago, the total number of TB cases in the County has declined and the number of TB patients in our hospitals has also declined. Thus, although the new unit will have 30 beds in 15 rooms, the number of eligible patients in our hospitals is calculated to be as low as 6 and rarely more than 12.

Construction of the new Emergency Department and TB Unit is going well and expected completion is August 2010. OV/UCLA projects that it could open the TB unit in January 2011. When the TB unit is open and the non-acute patients can be transferred, the hospitals will be able to fill the isolation rooms with other patients. Based on the overall revenue profile of the facilities, 55 percent of these patients will have Medi-Cal or Medicare and thus be eligible for reimbursement. But, the additional revenue will not fully offset the net County Cost of operating the new TB unit, which is $2.4 million for six months, or $4.8 million per year.

DHS did not submit a budget proposal for the new TB unit in its proposed budget or in its proposed final changes, due to the uncertain fiscal status of the department's budget. If major revenue issues are resolved in the meantime, DHS will submit the budget for this unit for consideration during the supplemental budget process.

If you have any questions or need additional information on this matter, please contact me or your staff may contact Sheila Shima, Deputy Chief Executive Officer at (213) 974-1160 or sshima@ceo.lacounty.gov.

WTF:BC:SAS
MLM:MM:bjs

c: Executive Office, Board of Supervisors
County Counsel
Health Services

060710_HMHS_MBS_Olive View TB

COUNTY OF LOS ANGELES
Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

May 30, 2012

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. jfielding MD
Director and Health Officer

SUBJECT: **UPDATE ON CONSOLIDATION OF THE ANTELOPE VALLEY REHABILITATION CENTERS**

This is to provide an update on the progress of the Antelope Valley Rehabilitation Centers (AVRC) consolidation. On October 5, 2010, your Board approved the proposed action from the Chief Executive Office (CEO) and Department of Public Health (DPH) to consolidate the AVRC Substance Use Disorder residential programs located at Acton and Warm Springs into a single facility.

Background

The AVRC consolidation plan includes closure of the Warm Springs facility and relocation of its program and staffing to the Acton facility. This consolidation was implemented to: 1) maximize the use of limited resources for substance use disorder (SUD) treatment services; 2) bring the AVRC facility into compliance with State and County licensing and regulatory requirements; 3) ensure a high quality of AVRC services by renovating the physical infrastructure at Acton, enhancing clinical and treatment services, and providing sufficient staffing levels; and 4) avoid structural/capital need expenditures at the Warm Springs location As reported to the Board on September 23, 2011, the Warm Springs facility was closed and the program and staff were transferred to the Acton site as scheduled on June 30, 2011.

Physical Infrastructure Improvements

DPH and Internal Services Department (ISD), have continued work on the renovation of the Acton facility. Modular units that will serve as temporary housing and office space have been obtained and moved to the site. Renovation of the kitchen, dining hall and other service buildings is underway.

Management of the remainder of the project to provide interim housing and support facilities will be transferred from ISD to DPW, though ISD will continue to provide support. DPW will complete repairs to salvage existing cottages and modular buildings by November 2012. To fund DPW's completion of amenities for the interim housing and support facilities, the CEO will include recommendations in the Fiscal Year 2012-13 Final Changes Budget to transfer the balance of deferred maintenance funds allocated for renovation of the existing buildings and installation of the modular buildings to a new capital project.

Concurrently, DPW will assess options for permanent replacement of the existing facility through construction of new buildings, with completion of program and scope of work by Fall 2012. Upon completion of the program, the CEO will recommend Board approval of project funding for appropriate environmental documentation, design and construction. This will allow earth moving by spring 2013 and construction in the summer of 2013. It is projected that construction will be complete by the spring of 2014, and the renovation will be complete, with staff and clients being able to occupy the new campus, by summer 2014.

Programs and Services

Training is being provided for all clinical staff to ensure SUD treatment is delivered within the standards of practice. The AVRCs have added several evidence-based treatment practices: Medication Assisted Treatment, Motivational Interviewing, Cognitive Behavior Therapy, and 12-Step Facilitation. Increased engagement, retention, and positive compliance in treatment were documented in the last year. Staffing levels were appropriate to the census and allowed the AVRC to provide quality integrated behavioral health services. As a result, the AVRC received a 2011 DPH Innovation Award for demonstrating creative program planning and team efforts that increased productivity.

Personnel

The consolidation did not require a staffing reduction. All currently budgeted positions are necessary to ensure adequate provision of administrative, clinical, maintenance, support operations and services.

Certification and Licensure

On February 14, 2012, the California State Department of Alcohol and Drug Programs approved the AVRC's request for renewal of their license certification to operate as an alcoholism and drug abuse recovery treatment facility at the Acton site. This renewal is effective as of March 1, 2012, through February 28, 2014.

On March 23, 2012, the Los Angeles County Fire Department completed an official inspection of the Acton site and found that the facility is reasonably fire safe.

Environmental Health conducted an environmental health inspection on February 23, 2012, and found no deficiencies.

Next Steps

We will continue to provide your Board with progress updates on the renovation. In the meantime, please let me know if you have any questions or would like additional information.

JEF:hm
PH:1102:002

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors